STATE OF SOUTH DAKOTA

5.0. SEC. OF STATE

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077		
1. TITLE OF NEWSPAPER	2. DATE	
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	IED ANNUALLY 3B. ANNUAL SUBSCRIPTION PRICE \$	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not printers)		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers)		
6. FULL NAME OF PUBLISHER:		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and		
addresses of stockholders owning or holding 1 percent or more names and addresses of the individual owners must be given. It and address, as well as that of each individual must be given.	of total amount of stock. If not fowned by a partnership or oth	er unincorporated firm, its name
FULL NAME	COMPLETE MAILING ADDRESS	
71. 3. C		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
Decenter to the Property of the	5.76 SIZ 5 11	11
	AVERAGE NO. COPIES	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 12 MONTHS	ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	2375	- 1 -
B.PAID AND/OR REQUESTED CIRCULATION		
 Sales through dealers and carriers, street vendors and counter sales. 	\$ 6,	x 5 4
2. Mail Subscription	151.0	
(Paid and or requested)	1484	<i>i</i> 1 4 4 4
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	2 5 7 1	7 2 8 2
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	12:	71
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	1 %	2. /
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	2. 4	2350
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	***	
2. Return from News Agents	2.7	
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	2545	246
Statement must be signed by Publisher, Business Mana	ager, or Owner in the pres	ence of a Notary Public
I swear that the statements made by me are true,	correct, and complete:	
(Title)		
(Signature)		
	Sworn to before me this	<u>Jay of 10t.</u> , 200
State of South Dakota)	Mebbu See	
Country of DAY 8	Notary Public	
County of)	DERBIE I EF Notary Public	
(Seal)	My commission expires: Day County, South Dakota My Commission Expires Feb. 27, 20:	

Form: SOS REC 051 7/2004